

Sheet Cont'd

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number 09/943,955		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	6-16-06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend		
1	1						51				
2	1						52				
3		1					53				
4		1					54				
5		1					55				
6		2					56				
7		2					57				
8		2					58				
9		2					59				
10		2					60				
11		2					61				
12		2					62				
13		2					63				
14		2					64				
15		2					65				
16		2					66				
17		2					67				
18		2					68				
19		2					69				
20		1					70				
21	1						71				
22		1					72				
23		1					73				
24		1					74				
25		1					75				
26		1					76				
27		1					77				
28	1						78				
29		1					79				
30	1						80				
31		1					81				
32		1					82				
33	1						83				
34	1						84				
35							85				
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39							89				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	7						Total Indep				
Total Depend	41						Total Depend				
Total Claims	48						Total Claims				

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